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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket No. 7950.044.00												
<table border="1"> <tr> <td colspan="3">In re Application of Baek, Seung-Myun</td> </tr> <tr> <td colspan="2">Application Number 10/558,433</td> <td>Filed November 29, 2005</td> </tr> <tr> <td colspan="3">For: HOME NETWORK SYSTEM</td> </tr> <tr> <td>Art Unit 2614</td> <td>Examiner El-Zoobi, Maria</td> <td></td> </tr> </table>			In re Application of Baek, Seung-Myun			Application Number 10/558,433		Filed November 29, 2005	For: HOME NETWORK SYSTEM			Art Unit 2614	Examiner El-Zoobi, Maria	
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. A *duplicate copy of this sheet is enclosed*.

I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number \_\_\_\_\_  
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 42,766

August 18, 2008  
Date

  
Signature

(202) 496-7500  
Telephone Number

for Mark R. Kresloff  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of _____ forms are submitted.
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